

## Cooperating Association Annual Report

Report Year: \_\_\_\_\_

For completion instructions, see Page 3. Submit your completed report and attachments to the Cooperating Association Liaison (CAL). The CAL may attach explanatory comments if desired. The CAL will forward the entire report to the Cooperating Associations Program Manager, Interpretation and Education Division, **no later than May 31st of each year.**

## PART I. ASSOCIATION INFORMATION

|                                |                              |                              |                      |
|--------------------------------|------------------------------|------------------------------|----------------------|
| ASSOCIATION NAME               |                              |                              |                      |
| ADDRESS (Street or P.O. Box)   |                              |                              |                      |
| CITY/STATE/ZIP CODE            |                              |                              |                      |
| ASSN BUSINESS PHONE NO.<br>( ) | ASSN BUSINESS FAX NO.<br>( ) | ASSN BUSINESS E-MAIL ADDRESS | ASSN WEBSITE ADDRESS |
| NUMBER OF BOARD MEMBERS        | APPROX. NUMBER OF MEMBERS    | NUMBER ON MAILING LIST       |                      |
| ASSOCIATION CONTACT PERSON     |                              | TITLE                        |                      |
| ASSN CONTACT PHONE NO.<br>( )  | ASSN CONTACT FAX NO.<br>( )  | ASSN CONTACT E-MAIL ADDRESS  |                      |
| CAL'S NAME                     | CAL'S PHONE NO.<br>( )       | CAL'S FAX NO.<br>( )         | CAL'S E-MAIL ADDRESS |

## PART II. PROGRAM SERVICES SUMMARY

**This past year the association supported California State Parks (CSP) by funding:** (Check all that apply)

|  |  |
|--|--|
| <input type="checkbox"/> 1. CSP interpretive staff   | <input type="checkbox"/> 6. Special interpretive events/tours/programs (e.g., workshops, seminars, living history, environmental living, etc.) |
| <input type="checkbox"/> 2. Regular CSP interpretive tours and programs  | <input type="checkbox"/> 7. CSP habitat and resource management (e.g., restoration, exotic plant removal, litter cleanup, trail work, etc.)    |
| <input type="checkbox"/> 3. Publications design and/or production (e.g., maps, books, pamphlets, etc.)           | <input type="checkbox"/> 8. Other: _____   |
| <input type="checkbox"/> 4. CSP exhibits/equipment (e.g., development, maintenance, purchase, updating, etc.)    |  |
| <input type="checkbox"/> 5. CSP facility construction and capital development (e.g., visitor center development) |  |

**This past year the association generated revenue to support CSP by:** (Check all that apply)

- |  |
|--|
| <input type="checkbox"/> 9. Providing educational and interpretive materials for sale in park visitor information facilities |
| <input type="checkbox"/> 10. Applying for or securing grants   |
| <input type="checkbox"/> 11. Soliciting corporate donations for interpretive and educational projects and programs           |
| <input type="checkbox"/> 12. Conducting fundraising events and programs  |
| <input type="checkbox"/> 13. Planning and conducting general membership or other specific campaigns                          |
| <input type="checkbox"/> 14. Other: _____  |

**Note:** If you would like to provide a more complete explanation of items checked above you can attach a separate sheet. Enter the item number and provide a brief description of the types of funding, support or revenue generation.

## PART III: ATTACHMENTS TO REPORT

**Board of Directors Roster:** Attach a list of names and addresses of current board members and those that will begin serving on the board in the coming months.

**Certificate of Insurance:** Have the insurance carrier complete an ACORD form and attach to this report. See instructions sheet.

**Bylaws and Articles of Incorporation:** If there were changes to either the association bylaws or articles of incorporation, attach a copy of the revised document.

|   |              |                     |               |
|---|--------------|---------------------|---------------|
| COOPERATING ASSOCIATION PREPARER SIGNATURE<br>▶ | PRINTED NAME | PHONE NUMBER<br>( ) | DATE PREPARED |
| CAL REVIEW SIGNATURE<br>▶                       | DISTRICT     | PHONE NUMBER<br>( ) | DATE REVIEWED |

**EXHIBIT E****PART IV. FINANCIAL STATEMENT**

Association Name: \_\_\_\_\_

Report Year: \_\_\_\_\_

**Income**

- |  |      |         |      |            |
|--|------|---------|------|------------|
| 1. Contributions, gifts, grants, cash donations              | (1)  | _____   |      |            |
| 2. In-kind (non-cash) donations <i>(Describe in Item 29)</i> | (2)  | _____   |      |            |
| 3. Total contributions and donations                         |      |         | (3)  | =====      |
| 4. Membership dues   |      |         | (4)  | =====      |
| 5. Program service income                                    |      |         | (5)  | =====      |
| 6. Interest/investment income                                |      |         | (6)  | =====      |
| 7. Sale of inventory (sales income)                          | (7)  | _____   |      |            |
| 8. Cost of goods sold (sale items)                           | (8)  | (_____) |      |            |
| 9. Net profit (or loss) from sales                           |      |         | (9)  | =====      |
| 10. Fundraising income                                       | (10) | _____   |      |            |
| 11. Fundraising costs  | (11) | (_____) |      |            |
| 12. Net profit (or loss) from fundraising                    |      |         | (12) | =====      |
| 13. Other income <i>(Describe in Item 29)</i>                |      |         | (13) | =====      |
| 14. <b>Adjusted Gross Income</b>                             |      |         | (14) | =====      |
| 15. <b>Total Gross Income</b>                                |      |         |      | (15) ===== |

**Expenses**

- |  |      |       |      |              |
|--|------|-------|------|--------------|
| 16. Grants and donations to Ca St Pks (CSP)                | (16) | _____ |      |              |
| 17. Interpretive program support                           | (17) | _____ |      |              |
| 18. Other CSP program support <i>(Describe in Item 29)</i> | (18) | _____ |      |              |
| 19. Total contributions to CSP                             |      |       | (19) | =====        |
| 20. Management and general                                 |      |       | (20) | =====        |
| 21. <b>Total Expenses</b>                                  |      |       | (21) | =====        |
| 22. <b>Excess (or deficit) for the year</b>                |      |       |      | (22) (_____) |

**Assets**

- |                                    |      |       |      |       |
|------------------------------------|------|-------|------|-------|
| 23. Unrestricted (end of the year) | (23) | _____ |      |       |
| 24. Restricted (end of the year)   | (24) | _____ |      |       |
| 25. <b>Total Assets</b>            |      |       | (25) | ===== |

**Liabilities**

- |                                   |      |       |      |         |
|-----------------------------------|------|-------|------|---------|
| 26. Liabilities (end of year)     | (26) | _____ |      |         |
| 27. <b>Net Assets (Net Worth)</b> |      |       | (27) | (_____) |

**Financial Statement Notes**

28. The association has established or is establishing an endowment program. ☐ Yes ☐ No
29. Explain below any unusual financial occurrence and other income and/or expenses. Reference the Item No. in your explanation. If more space is needed, attach additional sheets.

**EXHIBIT E****INSTRUCTIONS FOR COMPLETING DPR 973**

All cooperating associations must submit a DPR 973, Cooperating Association Annual Report, for the previous calendar year. This report is due to the Cooperating Association Liaison (CAL) in time to have it reviewed and sent Headquarters by May 31st. The table below describes what to insert for each item in Part IV, Financial Statement. Note that most items on the Financial Statement correspond with the line numbers on the IRS 990.

| Item No. | Financial Statement Information  | IRS 990 Line |
|----------|--|--------------|
| 1.       | Total income from contributions, gifts, grants and monetary donations.   | 1a+b+c       |
| 2.       | Total value of "in-kind" (non-monetary) donations and describe in Item 29.   | -            |
| 3.       | Total contributions and donations will automatically be filled in.   | 1d           |
| 4.       | Total income from membership dues.   | 3            |
| 5.       | Total income received from program services that are educational or interpretive.  | 2            |
| 6.       | Total income from interest and investment income.  | 4+5+6c+7     |
| 7.       | Total income from sales of inventory.  | 10a          |
| 8.       | Wholesale cost of items that were sold -- How much did it cost to purchase the goods to be sold?   | 10b          |
| 9.       | Net profit (or loss) from sales will be automatically filled in.   | 10c          |
| 10.      | Total income from fundraising activities such as dinners, raffles and any other events that require purchase for entry or participation.   | 9a           |
| 11.      | Costs incurred in presenting the fundraising activities and events.  | 9b           |
| 12.      | Net profit (or loss) from fundraising will be automatically filled in.   | 9c           |
| 13.      | Total of other income from all sources not covered by Items 1-12. Briefly describe the type of income, if any, in Item 29.   | 8d + 11      |
| 14.      | Adjusted gross income will be automatically filled in.   | 12           |
| 15.      | Total gross income will be automatically filled in.  | L            |
| 16.      | Amount of interpretive monetary donations and grants to state parks via contingent fund or reimbursable accounts.  | -            |
| 17.      | Other monetary expenses associated with supporting the interpretive programs for state parks. This includes interpretive program support, payments to outside contractors, interpretive events and seminars for the public, training for volunteers and staff, and interpretive publications.  | -            |
| 18.      | Total for other (non-monetary) support to state parks not in Items 16 or 17. Describe in Item 29.  | -            |
| 19.      | Total value of dollar service to state parks will be automatically filled in.  | 13           |
| 20.      | Total expenses for management and general expenses associated with soliciting direct public support on Item 1 (IRS 990, line 1d). Include salaries, accounting services, insurance, postage, phone and other administrative general fundraising expenses. [Note: Expenses from special events, raffles, etc., are recorded on Item 11 (IRS 990, line 9b).] | 14+15        |
| 21.      | Total expenses will be automatically filled in.  | 17           |
| 22.      | Excess (or deficit) for the year will be automatically filled in.  | 18           |
| 23.      | Dollar value of assets unrestricted (available for spending) at end of report year.  | 67b          |
| 24.      | Dollar value of assets temporarily or permanently restricted at year end. Include endowments and any sales tax taken in.   | 68b+69b      |
| 25.      | Total assets will be automatically filled in.  | 59b          |
| 26.      | Total liabilities at the end of the year. Include any "sales tax owed."  | 66b          |
| 27.      | Net assets (net worth) will be automatically filled in.  | 21           |
| 28.      | Check the appropriate box to indicate if the association is establishing or has established an endowment.  | -            |
| 29.      | Describe any unusual financial occurrences and/or items needing further explanation.   | -            |

**Minimum Certificate of Insurance Information:**

- A. The insurance certificate must contain the following two endorsements
  1. The Insurer will not cancel insured's coverage without thirty (30) days prior written notice to the state, except in cases of nonpayment of premiums, in which instance the insurer shall give the State ten (10) days written notice prior to the effective date of cancellation.
  2. The State of California, its officers, agents, employees and servants are included as additional insured, but only insofar as the operations under this agreement are concerned.
- B. The general liability insurance amounts must be indicated on the certificate and be a minimum of \$1 million per occurrence and \$2 million combined general aggregate.
- C. The address for the State of California as the additional insured must be:
 

State of California, Department of Parks and Recreation, Interpretation and Education Division  
Attn: Cooperating Associations Program  
P.O. Box 942896  
Sacramento, CA 94296-0001
- D. The association shall supply a certificate, on a yearly basis, showing that the insurance coverage has been renewed or extended. Normally this is done automatically by the insurance company if the state has been named as an additional insured.